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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *uwm*

This application is a CON of 09/253,230 02/19/1999 ABN which is a CON of 08/709,177 09/06/1996 PAT 5,885,799 ✓  
 which is a CON of 08/440,548 05/12/1995 PAT 5,597,691 ✓  
 which is a DIV of 08/350,884 12/06/1994 PAT 5,585,258 ✓  
 which is a DIV of 07/680,296 04/04/1991 PAT 5,371,017 ✓  
 which is a CIP of 07/505,433 04/04/1990 ABN ✓

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *WUW*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 23	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>WUW</i>	Examiner's Signature <i>WUW</i>	Initials <i>WUW</i>		

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## TITLE

Hepatitis C virus protease

<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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